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B1 (Official Form 1) (04/13)

United States Eastern Dis	Bankruptcy (trict of Tenne				Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Adkins, Robin S.		Naı	me of Joint Debtor	(Spouse) (Last, First, M	(iddle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): FKA Robin S. Anderson			Other Names used clude married, maiden,	by the Joint Debtor and trade names):	in the last 8 years
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (In the four than one, state all): xxx-xx-5169	ΓΙΝ)/Complete EIN		st four digits of Soc more than one, state all		Taxpayer I.D. (ITIN)/Complete EIN
Street Address of Debtor (No. & Street, City, and State): 812 Rose Hill Dr.		Stro	reet Address of Join	t Debtor (No. & Street	c, City, and State):
La Follette, TN 37766	ZIP CODE 37766-000 0	,			ZIP CODE
County of Residence or of the Principal Place of Business: Campbell		Cor	ounty of Residence of	or of the Principal Pla	ace of Business:
Mailing Address of Debtor (if different from street address):		Ma	ailing Address of Jo	int Debtor (if different	from street address):
	ZIP CODE				ZIP CODE
Location of Principal Assets of Business Debtor (if different Type of Debtor	1	ove): ture of Bu	usiness	Chanton	Bankruptcy Code Under Which
(Form of Organization) (Check one box.)		Check one			etition is Filed (Check one box)
✓ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. Corporation (includes LLC and LLP) Partnership Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Health Care Bus Single Asset Rer 101(51B) Railroad Stockbroker Commodity Bro Clearing Bank Other	nl Estate as	s defined in 11 U.S.C.	Chapter 7 Chapter 9 Chapter 11 Chapter 12 Chapter 13	Chapter 15 Petition for Recognition of a Foreign
Chapter 15 Debtors		-Exempt	t Entity pplicable.)		Nature of Debts (Check one box)
Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or Debtor		tax-exemp	pt organization under I States Code (the	debts, de 101(8) as individua	e primarily consumer fined in 11 U.S.C. § s "incurred by an al primarily for a family, or household
Filing Fee (Check one box.)	<u>I</u>	Che	eck one box:	Chapter 11 Deb	
Full Filing Fee attached Filing Fee to be paid in installments (applicable to individuals or application for the court's consideration certifying that the debto except in installments. Rule 1006(b). See Official Form 3A.	affil	Debtor is not a small eck if: Debtor's aggregate no	business debtor as defin oncontingent liquidated	in 11 U.S.C. § 101(51D). ned in 11 U.S.C. § 101(51D). debts (excluding debts owed to insiders or ct to adjustment on 4/01/16 and every three	
Filing Fee waiver requested (applicable to chapter 7 individuals application for the court's consideration. See Official Form 3B.	only). Must attach sig		eck all applicable box A plan is being filed	with this petition. lan were solicited prepe	tition from one or more classes of creditors,
Statistical/Administrative Information Debtor estimates that funds will be available for distribution to	insecured creditors	.			THIS SPACE IS FOR COURT USE ONLY
Debtor estimates that, after any exempt property is excluded an unsecured creditors.		ses paid, th	here will be no funds a	vailable for distribution	to
Estimated Number of Creditors		0,001- 5,000		0,001- OVER 100,000	
Estimated Assets \$0 to \$50,001 to \$100,001 to \$500,001 \$1,000,000 \$500,000 to \$1 to \$10 million million	11 \$10,000,001 \$: to \$50 to	50,000,001 5 \$100 iillion	1 \$100,000,001 \$	500,000,001 More tha \$1 billion	
Estimated Liabilities \$0 to \$50,001 to \$100,001 to \$500,001 \$1,000,000 \$500,000 to \$1 to \$10 million million	11 \$10,000,001 \$: to \$50 to	50,000,001 5 \$100 iillion		500,000,001 More that \$1 billion	

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Voluntary Petition (This page must be completed and filed in every case)	Name of Debtor(s): Robin S. Adkins		
All Prior Bankruptcy Cases Filed Within Las	-		
Location	Case Number:	Date Filed:	
Where Filed: - NONE - Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner, or	Affiliate of this Debtor (If more than one, attach a	dditional sheet.)	
Name of Debtor: - None -	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) Exhibit A is attached and made a part of this petition.	Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer I, the attorney for the petitioner named in the foregoin have informed the petitioner that [he or she] may procor 13 of title 11, United States Code, and have explair under each such chapter. I further certify that I delive required by 11 U.S.C. § 342(b). /s/ Ann Mostoller X /s/ Hannah Tippett Signature of Attorney for Debtor(s)	debts.) ng petition, declare that I ceed under chapter 7, 11, 12, ned the relief available	
	Signature of Attorney for Debtor(s)	Date	
Exhil Does the debtor own or have possession of any property that poses or is alleged to p Yes, and Exhibit C is attached and made a part of this petition. No		lic health or safety?	
Exhi	bit D		
(To be completed by every individual debtor. If a joint petition is filed, each spous ✓ Exhibit D completed and signed by the debtor is attached and made a part of this is a joint petition: Exhibit D also completed and signed by the joint debtor is attached and made and made a part of the properties of the propert	of this petition.		
Information Regardin	ng the Debtor - Venue		
(Check any ap ✓ Debtor has been domiciled or has had a residence, principal place o preceding the date of this petition or for a longer part of such 180 da ☐ There is a bankruptcy case concerning debtor's affiliate, general par	oplicable box.) of business, or principal assets in this District for 180 days than in any other District. rtner, or partnership pending in this District.		
Debtor is a debtor in a foreign proceeding and has its principal place has no principal place of business or assets in the United States but this District, or the interests of the parties will be served in regard to	is a defendant in an action or proceeding [in a federal of	this District, or or state court] in	
Certification by a Debtor Who Reside			
(Check all app Landlord has a judgment against the debtor for possession of debtor following.)			
(Name of landlord that obtained judgment)			
(Address of landlord)			
Debtor claims that under applicable nonbankruptcy law, there are concernited to cure the entire monetary default that gave rise to the jumpossession was entered, and			
Debtor has included with this petition the deposit with the court of a period after the filing of the petition.	any rent that would become due during the 30-day		
Debtor certifies that he/she has served the Landlord with this certifie	cation. (11 U.S.C. § 362(l)).		

B1 (Official Form 1) (04/13)

Page 3

Voluntary Petition (This page must be completed and filed in every case)	Name of Debtor(s): Robin S. Adkins
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).	Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.) I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached. Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X /s/ Robin S. Adkins Signature of Debtor Robin S. Adkins X Signature of Joint Debtor Telephone Number (If not represented by attorney) July 8, 2015 Date	chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. X (Signature of Foreign Representative) (Printed Name of Foreign Representative) Date
Signature of Attorney*	Signature of Non-Attorney Bankruptcy Petition Preparer
/s/ Ann Mostoller X /s/ Hannah Tippett Signature of Attorney for Debtor(s) Ann Mostoller / Hannah Tippett 001146 / 028287 Printed Name of Attorney for Debtor(s) Mostoller, Stulberg, Whitfield & Allen Firm Name 136 S. Illinois Ave., Suite 104 Oak Ridge, TN 37830 Address Email:keveritt@msw-law.com 865-482-4466 Fax:865-481-0940 Telephone Number July 8, 2015 Date *In a case in which \$ 707(b)(4)(D) applies, this signature also constitutes a	I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. § § 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official form 19 is attached. Printed Name and title, if any, of Bankruptcy Petition Preparer Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. X Signature of Authorized Individual Printed Name of Authorized Individual Title of Authorized Individual Date	Address X Date Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose social security number is provided above. Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

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B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court Eastern District of Tennessee

In re	Robin S. Adkins		Case No.	
		Debtor(s)	Chapter	7

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

B 1D (Official Form 1, Exhibit D) (12/09) - Cont.	Page 2
deficiency so as to be incapable of realizing a responsibilities.); □ Disability. (Defined in 11 U.S.C. §	109(h)(4) as impaired by reason of mental illness or mental and making rational decisions with respect to financial 109(h)(4) as physically impaired to the extent of being in a credit counseling briefing in person, by telephone, or ombat zone.
☐ 5. The United States trustee or bankruptcy requirement of 11 U.S.C. § 109(h) does not apply in	administrator has determined that the credit counseling this district.
I certify under penalty of perjury that the	information provided above is true and correct.
Signature of Debtor:	/s/ Robin S. Adkins Robin S. Adkins
Date: July 8, 2015	

Certificate Number: 05375-TNE-CC-024853774



CERTIFICATE OF COUNSELING

I CERTIFY that on January 15, 2015, at 3:23 o'clock PM PST, Robin Adkins received from #1\$t Choice Credit Counseling & Financial Education a/k/a DBSM, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Eastern District of Tennessee, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

January 15, 2015 By: /s/Danette Banyai Date: Name: Danette Banyai

Title:

Director

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

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B7 (Official Form 7) (04/13)

United States Bankruptcy Court Eastern District of Tennessee

In re	Robin S. Adkins		Case No.	
		Debtor(s)	Chapter	7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$5,433.75	2015 YTD - Campbell County Board of Education (debtor)
\$15,013.08	2015 - Tie-Dye Bed (husband)
\$10,249.94	2014 - Campbell County Board of Education (debtor)
\$32,349.00	2014 - Tie-Dye Bed (husband)
\$8.936.68	2013 - Campbell County Board of Education (debtor)

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2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$7,525.14	2015 YTD - VA benefits (net)
\$5,464.00	2015 YTD - Defense Finance & Accounting Service annuity (approx net)
\$14,800.00	2014 - VA benefits (approx net)
\$6,254.00	2014 - Defense Finance & Accounting Service annuity
\$14,800.00	2013 - VA benefits (approx net)
\$4,476.00	2013 - Defense Finance & Accounting Service annuity

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR **Defense Finance & Accounting Service Retired and Annuitant Pay** PO Box 7131 - Annuitant Pay London, KY 40742-7131

DATES OF **PAYMENTS** approx. \$630/month recouped from DFAS annuity

AMOUNT STILL AMOUNT PAID OWING \$1.890.00 \$2,724,43

None b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT DATES OF PAID OR AMOUNT STILL PAYMENTS/ VALUE OF NAME AND ADDRESS OF CREDITOR **TRANSFERS** OWING **TRANSFERS**

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of None creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND DATE OF PAYMENT RELATIONSHIP TO DEBTOR

AMOUNT STILL AMOUNT PAID **OWING**

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER Midland Funding LLC vs. Robin Anderson NATURE OF PROCEEDING **Debt Collection** COURT OR AGENCY AND LOCATION **General Sessions Court, Campbell** STATUS OR DISPOSITION Judgment for

County, TN

Plaintiff

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF **PROPERTY**

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER Ocwen Loan Servicing, LLC 1661 Worthington Rd, Ste 100 West Palm Beach, FL 33409

DATE OF REPOSSESSION. FORECLOSURE SALE, TRANSFER OR RETURN 1/30/15

DESCRIPTION AND VALUE OF **PROPERTY**

vacant lot or lot with house, 210 Springfield Drive, LaFollette, TN - the property description in the Substitute Trustee's Deed refers to the vacant lot behind 210 Springfield Drive (see Sch. A), the property description in the original deed of trust is not clear whether the lien attaches to the vacant lot or the lot with the house.

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN

NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER

DESCRIPTION AND VALUE OF **PROPERTY**

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7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION Grace Baptist Church La Follette, TN 37766 RELATIONSHIP TO DEBTOR, IF ANY church

DATE OF GIFT tithe

DESCRIPTION AND VALUE OF GIFT \$700 in past year

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS
OF PAYEE
Mostaller, Stulberg, Whitfield

1st Choice Credit Counseling

NAME OF PAYER IF OTHER THAN DEBTOR 1/13/15

DATE OF PAYMENT.

AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY

Mostoller, Stulberg, Whitfield & Allen 136 S. Illinois Ave., Suite 104 Oak Ridge, TN 37830

1/13/15

\$37.00

\$1,000.00

2049 Marco Dr. Camarillo, CA 93010

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE **10/13** DESCRIBE PROPERTY TRANSFERRED
AND VALUE RECEIVED
2000 Ford Expedition, value rcvd: \$5000

Jacksboro, TN 37757 Daughter

Jamie Bolton

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

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11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

210 Springfield Drive, LaFollette, TN 37766

NAME USED

DATES OF OCCUPANCY

Robin Shelley, Robin Anderson 2/90-9/12

312 Ellison Rd, Apt. 1 LaFollette, TN 37766

Robin S. Anderson

approx. 5/13 - 1/15

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF

DATE OF

ENVIRONMENTAL

NOTICE

IAW

GOVERNMENTAL UNIT

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS OF

DATE OF

ENVIRONMENTAL

LAW

GOVERNMENTAL UNIT

NOTICE

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which None the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpaver identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six **years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

(ITIN)/ COMPLETE EIN ADDRESS

NATURE OF BUSINESS

BEGINNING AND

ENDING DATES

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

NAME **ADDRESS**

B7 (Official Form 7) (04/13)

7

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date	July 8, 2015	Signature	/s/ Robin S. Adkins
		•	Robin S. Adkins
			Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Eastern District of Tennessee

In re	Robin S. Adkins		Case No.		
-		Debtor	,		
			Chapter	7	

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	86,500.00		
B - Personal Property	Yes	7	10,488.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		5,450.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	11		30,865.16	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			2,839.86
J - Current Expenditures of Individual Debtor(s)	Yes	2			3,947.00
Total Number of Sheets of ALL Schedu	ıles	28			
	T	otal Assets	96,988.00		
			Total Liabilities	36,315.16	

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B 6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Eastern District of Tennessee

In re	Robin S. Adkins		Case No.	
-		Debtor	,	
			Chapter	7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159. Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

State the following:

Average Income (from Schedule I, Line 12)	2,839.86
Average Expenses (from Schedule J, Line 22)	3,947.00
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	5,494.48

State the following:

		_
Total from Schedule D, "UNSECURED PORTION, IF ANY" column		1,500.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		30,865.16
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		32,365.16

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B6A (Official Form 6A) (12/07)

In re	Robin S. Adkins	Case No.	_
_		Debtor	

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
house and land, Springfield Drive, LaFollette, TN 37766 Map 77P parcel 055.00, formerly Lot 41 Glade Springs Estate Parcel 083A 005.00 possibly foreclosed	Fee Simple		82,000.00	0.00
vacant lot, Springfield Drive, LaFollette, TN 37766 Map 77P parcel 055.01, formerly Lot 42 Glade Springs Estate Parcel 083A 006.00 joint with ex-husband - possibly foreclosed	Tenancy in common	J	2,500.00	0.00
4 burial lots, LaFollette TN	Fee Simple	-	2,000.00	0.00

Sub-Total >	86,500.00	(Total of this page)
Total >	86,500.00	

(Report also on Summary of Schedules)

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B6B (Official Form 6B) (12/07)

In re	Robin S. Adkins	Case No.	
_		Debtor	

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	Type of Property	N O Description and Location of Property E	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption
1.	Cash on hand	Х		
2.	Checking, savings or other financial accounts, certificates of deposit, or	checking account \$125, savings account \$2, savings account \$6, Peoples Bank of the South, LaFollette TN	-	133.00
	shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit	checking account \$300, savings account \$5, ORNL Federal Credit Union	-	305.00
	unions, brokerage houses, or cooperatives.	checking account, Community Trust Bank debtor's name is on mother's account - all monies are mother's social security benefits fmv: \$100	-	0.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	X		
4.	Household goods and furnishings,	household goods listed on Schedule B attachment	-	2,650.00
	including audio, video, and computer equipment.	couch, recliner, rocker, kitchen table & 4 chairs, chest	-	2,500.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X		
6.	Wearing apparel.	clothing	-	200.00
7.	Furs and jewelry.	wedding & engagement ring set	-	200.00
8.	Firearms and sports, photographic, and other hobby equipment.	X		
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	term life insurance, USAble (through employer) face value: \$25000 beneficiary: husband	-	0.00
	retunu vatue of each.	accident insurance, USAble (through employer)	-	0.00
			Sub-Tot	al > 5,988.00

3 continuation sheets attached to the Schedule of Personal Property

(Total of this page)

B6B (Official Form 6B) (12/07) - Cont.

In	re Robin S. Adkins		(Case No	
			Debtor		
	;	SCHEDULE	B - PERSONAL PROPER' (Continuation Sheet)	ТҮ	
	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
10.	Annuities. Itemize and name each issuer.	Х			
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	TCRS		-	Unknown
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14.	Interests in partnerships or joint ventures. Itemize.	Х			
15.	Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16.	Accounts receivable.	Χ			
17.	Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18.	Other liquidated debts owed to debtor including tax refunds. Give particulars.				
19.	Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			

Sub-Total > 0.00
(Total of this page)

Sheet 1 of 3 continuation sheets attached to the Schedule of Personal Property

Χ

20. Contingent and noncontingent

policy, or trust.

interests in estate of a decedent, death benefit plan, life insurance

B6B (Official Form 6B) (12/07) - Cont.

In re	Robin S. Adkins	Case No.	
_			Ξ

Debtor

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	Х			
22.	Patents, copyrights, and other intellectual property. Give particulars.	X			
23.	Licenses, franchises, and other general intangibles. Give particulars.	X			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25.	Automobiles, trucks, trailers, and other vehicles and accessories.	2002 C	hevy Impala, 120000 miles hrysler PT Cruiser intly with Richard Halcomb	- J	3,000.00 1,500.00
26.	Boats, motors, and accessories.	X			
27.	Aircraft and accessories.	Χ			
28.	Office equipment, furnishings, and supplies.	Х			
29.	Machinery, fixtures, equipment, and supplies used in business.	Χ			
30.	Inventory.	X			
31.	Animals.	Χ			
32.	Crops - growing or harvested. Give particulars.	X			
33.	Farming equipment and implements.	X			
34.	Farm supplies, chemicals, and feed.	X			
				Sub-Tota (Total of this page)	al > 4,500.00

Sheet 2 of 3 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re	Robin S. Adkins		,	se No	
			Debtor		
		SCHEDU	JLE B - PERSONAL PROPERTY (Continuation Sheet)	Y	
	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption

35. Other personal property of any kind X not already listed. Itemize.

 $\begin{array}{c|c} \hline Sub\text{-Total} > & 0.00 \\ (Total of this page) & \\ Total > & 10,488.00 \\ \hline \end{array}$

Sheet 3 of 3 continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

SCHEDULE B ATTACHMENT Household Goods List

		Va	Office use			
Living Room	1 st	2 nd	3 rd	4 th	5 th	Total Value
Couches						100,00
Bookcases						
Desks				F		
Chairs						75.00
Tables						150,00
Lamps						50,00
Radios						
Televisions						100.00
Stereos						
Game systems						
VCR/DVD players						50.00
Artwork						100:00
Carpets/rugs						100.00
Other: Pionia					-	200.00
					Tot	al: 92500

Bedrooms	1 st	2 nd	3 rd	4 th	5 th	Total Value
Beds						\$100.00 th
Chairs						PROFILE TO
Dressers						100.00
Chests of drawers						100.00
Desks				·		
Mirrors						
Lamps						10.00
Vanities						
Radios						
Televisions	·					
Game systems						
Stereos						
VCR/DVD players						
Computers						
Artwork						25.00
Carpets/rugs						
Other:						
						e.
			•		To	lal: 335.00

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Mostoller, Stulberg, Whitfield & Allen

Bankruptcy Questionnaire, p. 21

		Va	lue of each iter	<u>m</u>		Office use
Kitchen/laundry	1 st	2 nd	3 rd	4 ^{ւհ}	5 th	Total Value
Tables						15000
Chairs						50,00
Microwaves						50.00
Deep freezers						
Dishwashers						
Washing machines						15000
Dryers						150.00
Stoves						
Dishes						50.00
Cookware						50.00
Televisions					···	
Artwork						
Other:						43.11
China Cabinet						100.00
Micro, Cart						25.00

Dining Room	1 st	2 nd	3^{rd}	4 th	5 th	Total Value
Tables						Tom: vaido
Chairs					·	
Lamps						
Chairs						
China closets						(Carrier Sign
China						
Silverware						1.5
Artwork						
Carpets/rugs						
Other:						
					Tota	

Office	1 st	2 nd	3 rd	4 th	5 th	Total Value
Desks						15.00
Chairs						25.00
Computers						200.00
Printers						1 00. 00
File cabinets						7,00.00
Stereos						
Artwork						25.00
Other:						
T.V. Stand						50.00
					Tota	

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Mostoller, Stulberg, Whitfield & Allen

Bankruptcy Questionnaire, p. 22

•		Va	alue of each iten	<u>n</u>		Office use
Other rooms &		•				Total Value
miscellaneous	1 st	2 nd	3 rd	4 th	5 th	
Computers						
Radios						
Stereos						
Desks						Project in the second s
Tables						
Chairs						
Nursery furniture						
Workbenches						<u> </u>
Game tables						
Game systems						
Fitness equipment						
Sewing machines						
Vacuum cleaners						20.00
Irons						5.00
Cameras						
Air conditioners						
Tools						5.00
Power tools						
Lawnmowers						
Lawn or porch						2-00
furniture						20.00
Grills	***					
Cabinets/Shelves						
Carpets/rugs						
Books						5.00
Tapes/DVDs/CDs						10.00
Record albums						
Game systems						
Handheld video						
games			ļ			
Video games	-					
pods/mp3 player	•					a'.
Cell phones	.=					75.8
Storage buildings						
Other:		·				
						al: 140.00

Total Value of All Household Goods: # 2650 @

B6C (Official Form 6C) (4/13)

In re	Robin S. Adkins		Case No.	
		Dobton	,	

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:	☐ Check if debtor claims a homestead exemption that exceeds
(Check one box)	\$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafte
□ 11 U.S.C. §522(b)(2)	with respect to cases commenced on or after the date of adjustment.)
11 II C C 8522(b)(2)	

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Real Property 4 burial lots, LaFollette TN	Tenn. Code Ann. § 26-2-305	2,000.00	2,000.00
Checking, Savings, or Other Financial Accounts, Cert checking account \$125, savings account \$2, savings account \$6, Peoples Bank of the South, LaFollette TN	ificates of Deposit Tenn. Code Ann. § 26-2-103	133.00	133.00
checking account \$300, savings account \$5, ORNL Federal Credit Union	Tenn. Code Ann. § 26-2-103	305.00	305.00
Household Goods and Furnishings household goods listed on Schedule B attachment	Tenn. Code Ann. § 26-2-103 Tenn. Code Ann. § 26-2-104	2,450.00 200.00	2,650.00
Wearing Apparel clothing	Tenn. Code Ann. § 26-2-104	200.00	200.00
Furs and Jewelry wedding & engagement ring set	Tenn. Code Ann. § 26-2-104	200.00	200.00
Interests in IRA, ERISA, Keogh, or Other Pension or FTCRS	Profit Sharing Plans Tenn. Code Ann. § 26-2-111(1)(D)	100%	Unknown
Automobiles, Trucks, Trailers, and Other Vehicles 2004 Chevy Impala, 120000 miles	Tenn. Code Ann. § 26-2-103	3,000.00	3,000.00

T-4-1.	8 488 00	8 488 00
Total:	0 400 UU	0 400 UU

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B6D (Official Form 6D) (12/07)

In re	Robin S. Adkins		Case No.
		Debtor	

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Hu H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C C N T I N G E N	LIQUI	SPUTE	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			Purchase Money Security Interest	╗┑	DATED			
LaFollette Auto Sales 619 W. Beech St. La Follette, TN 37766	x	-	2002 Chrysler PT Cruiser titled jointly with Richard Halcomb		D			
			Value \$ 1,500.00				3,000.00	1,500.00
Account No.			2015					
Lindsay's Furniture & Appliances 111 E. Central Ave. La Follette, TN 37766		-	Purchase Money Security Interest couch, recliner, rocker, kitchen table & 4 chairs, chest					
			Value \$ 2,500.00	1			2,450.00	0.00
Account No.			Value \$					
Account No.								
			Value \$					
continuation sheets attached	_		(Total of	Sub this			5,450.00	1,500.00
			(Report on Summary of S		Γota dule		5,450.00	1,500.00

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B6E (Official Form 6E) (4/13)

In re	Robin S. Adkins		Case No.
-		Debtor ,	

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

■ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
Domestic support obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relation of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
☐ Extensions of credit in an involuntary case
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. 11 U.S.C. § 507(a)(3).
☐ Wages, salaries, and commissions
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sale representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
☐ Contributions to employee benefit plans
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of busine whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
☐ Certain farmers and fishermen
Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
☐ Deposits by individuals
Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
☐ Taxes and certain other debts owed to governmental units
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
☐ Commitments to maintain the capital of an insured depository institution
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federa Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
☐ Claims for death or personal injury while debtor was intoxicated
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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R6F	Official	Form	6F)	(12/07)

In re	Robin S. Adkins	Case No.
_		Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME,	С	Н	usband, Wife, Joint, or Community	(: L	J D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C J M	CONSIDERATION FOR CLAIM. IF CLAIM	C N T N C C N C C C C C C) U	AMOUNT OF CLAIM
Account No. xxx4123	i		6/09 or earlier	Ť	' I т	<u> </u>	
Abercrombie Radiology Weisgarber Medical Center 1112 E. Weisgarber Rd., Ste 201 Knoxville, TN 37909		-	Medical Services		E		32.00
Account No. xxx4123		T		1	T	t	
Optima Recovery Services P.O. Box 52968 6215 Kingston Pk., Ste A Knoxville, TN 37950-2968			Additional Notice: Abercrombie Radiology				Notice Only
Account No. xxxx-xxxx-6774			2014				
Capital One PO Box 30285 Salt Lake City, UT 84130-0285		-	Purchase of Merchandise				
							2,644.00
Account No. xxxx-xxxx-6288 Capital One PO Box 30285 Salt Lake City, UT 84130-0285		-	2012 Purchase of Merchandise				1,141.41
		1	(Total	Sul of this			3,817.41

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In re	Robin S. Adkins	Case No
-		Debtor

CREDITOR'S NAME MALING ADDRESS INCLIDING ZIP COIDE ROSE INSTRUCTIONS PRODE SINCLIDING ZIP COIDE ROSE INSTRUCTIONS PRODE ROSE INSTRUCTION STRINGER RO		_			-	_		-	
AND ACCOUNT NUMBER (See instructions above). Account No. xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		0	Hu	sband, Wife, Joint, or Community		0	U N		
2010	MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	DEBTOR	W J	CONSIDERATION FOR CLAIM. IF CLAIN	1	I N G E N	Q U L	SPUTED	AMOUNT OF CLAIM
Purchase of Merchandise	Account No. xxxx-xxxx-xxxx-6848					Т	T E		
PO Box 30285 Salt Lake City, UT 84130-0285				Purchase of Merchandise	L	_	D		
Salt Lake City, UT 84130-0285 Account No. xxxxxxxxxxx496 Cedar Hill National Bank PO Box 34216 Charlotte, NC 28234 Account No. xxxxxxxxxxxxx129-5 Comcast Cable Communication, Inc. Credit & Collections Dept. 600 Galleria Pkwy SE Atlanta, GA 30339-5994 Account No. xxxxxxxxxxxxxx8884 Comenity Bank/Goodys Bankruptcy Dept. P.O. Box 182125 Columbus, OH 43218-2125 Defense Finance & Accounting Service Retired and Annultant Pay PO Box 7131 - Annultan									
Account No. xxxxxxxxy4966			-						
Account No. xxxxxxxx9496 Cedar Hill National Bank PO Box 34216 Charlotte, NC 28234 Account No. xxxxxxx129-5 Comcast Cable Communication, Inc. Credit & Collections Dept. 600 Galleria Pkwy SE Atlanta, GA 30339-5994 Account No. xxxxxxxxx6884 Comenity Bank/Goodys Bankruptcy Dept. P.O. Box 182125 Columbus, OH 43218-2125 Defense Finance & Accounting Service Retired and Annuitant Pay PO Box 7131 - Annuitant Pay London, KY 40742-7131 Purchase of Merchandise 2014 Utilities 2012-2013 Purchase of Merchandise 1 2015-2013 Purchase of Merchandise 2011- Survivor Benefit Plan overpayment 3 2011- Survivor Benefit Plan overpayment 5 2011- Survivor Benefit Plan overpayment 5 2011- Survivor Benefit Plan overpayment	Salt Lake City, UT 84130-0285								
Cedar Hill National Bank									519.51
PO Box 34216 Charlotte, NC 28234 - 2014 Utilities - 2015 - 2016 - 2016 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017	Account No. xxxxxxxx9496			Purchase of Merchandise					
PO Box 34216 Charlotte, NC 28234 - 2014 Utilities - 2015 - 2016 - 2016 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017	Cedar Hill National Bank								
Account No. xxxxxxxx129-5			-						
Account No. xxxxxxxx129-5 Comcast Cable Communication, Inc. Credit & Collections Dept. 600 Galleria Pkwy SE Atlanta, GA 30339-5994 Account No. xxxxxxxxxxxx6884 Comenity Bank/Goodys Bankruptcy Dept. P.O. Box 182125 Columbus, OH 43218-2125 Defense Finance & Accounting Service Retired and Annuitant Pay PO Box 7131 - Annuitant Pay London, KY 40742-7131 Sheet no1 of _10_ sheets attached to Schedule of Defense Time Account of _10_ sheets attached to Schedule of Defense Finance & Subtotal Sheet no1 of _10_ sheets attached to Schedule of	Charlotte, NC 28234								
Account No. xxxxxxxx129-5 Comcast Cable Communication, Inc. Credit & Collections Dept. 600 Galleria Pkwy SE Atlanta, GA 30339-5994 Account No. xxxxxxxxxxxx6884 Comenity Bank/Goodys Bankruptcy Dept. P.O. Box 182125 Columbus, OH 43218-2125 Defense Finance & Accounting Service Retired and Annuitant Pay PO Box 7131 - Annuitant Pay London, KY 40742-7131 Sheet no1 of _10_ sheets attached to Schedule of Defense Time Account of _10_ sheets attached to Schedule of Defense Finance & Subtotal Sheet no1 of _10_ sheets attached to Schedule of									
Comcast Cable Communication, Inc. Credit & Collections Dept. 600 Galleria Pkwy SE Atlanta, GA 30339-5994 Account No. xxxxxxxxxxx6884 Comenity Bank/Goodys Bankruptcy Dept. P.O. Box 182125 Columbus, OH 43218-2125 Defense Finance & Accounting Service Retired and Annuitant Pay PO Box 7131 - Annuitant Pay London, KY 40742-7131 Sheet no1 of _10 sheets attached to Schedule of Utilities Utilities - Utilities 483.53 483.53 2012-2013 Purchase of Merchandise - 2012-2013 Purchase of Merchandise - 3011- Survivor Benefit Plan overpayment - 3011- Survivor Benefit Plan overpayment - 4096 17									1,626.00
Comcast Cable Communication, Inc. Credit & Collections Dept. 600 Galleria Pkwy SE Atlanta, GA 30339-5994 Account No. xxxxxxxxxxxxx8884 Comenity Bank/Goodys Bankruptcy Dept. P.O. Box 182125 Columbus, OH 43218-2125 Defense Finance & Accounting Service Retired and Annuitant Pay PO Box 7131 - Annuitant Pay London, KY 40742-7131 Sheet no1 of _10_ sheets attached to Schedule of Comenity Bank/Goodys 2011- Survivor Benefit Plan overpayment 211- Survivor Benefit Plan overpayment 6496 17	Account No. xxxxxxx129-5			2014					
Credit & Collections Dept. 600 Galleria Pkwy SE Atlanta, GA 30339-5994 Account No. xxxxxxxxxxxx6884 Comenity Bank/Goodys Bankruptcy Dept. P.O. Box 182125 Collumbus, OH 43218-2125 Defense Finance & Accounting Service Retired and Annuitant Pay PO Box 7131 - Annuitant Pay London, KY 40742-7131 Sheet no1_ of _10_ sheets attached to Schedule of -				Utilities					
600 Galleria Pkwy SE Atlanta, GA 30339-5994 Account No. xxxxxxxxxxxxx6884 Comenity Bank/Goodys Bankruptcy Dept. P.O. Box 182125 Collumbus, OH 43218-2125 Account No. 5538 Defense Finance & Accounting Service Retired and Annuitant Pay PO Box 7131 - Annuitant Pay London, KY 40742-7131 Sheet no. 1 of _10_ sheets attached to Schedule of Account No. 5538 2011- Survivor Benefit Plan overpayment 5406.17	•								
Atlanta, GA 30339-5994 Account No. xxxxxxxxxxxx6884 Comenity Bank/Goodys Bankruptcy Dept. P.O. Box 182125 Columbus, OH 43218-2125 Defense Finance & Accounting Service Retired and Annuitant Pay PO Box 7131 - Annuitant Pay London, KY 40742-7131 Sheet no. 1_ of 10_ sheets attached to Schedule of Account No. 55-38 Sheet no. 1_ of 10_ sheets attached to Schedule of Account No. 55-38 Sheet no. 1_ of 10_ sheets attached to Schedule of			-						
Account No. xxxxxxxxxxxx6884 Comenity Bank/Goodys Bankruptcy Dept. P.O. Box 182125 Columbus, OH 43218-2125 Account No. 5538 Defense Finance & Accounting Service Retired and Annuitant Pay PO Box 7131 - Annuitant Pay London, KY 40742-7131 Sheet no1 of _10_ sheets attached to Schedule of 483.53 483.53 483.53 Attached to Schedule of Subtoal 483.53 Account No. xxxxxxxxxxxx6884 - 2012-2013 Purchase of Merchandise - 1,142.70 2011- Survivor Benefit Plan overpayment - 2,724.43									
Comenity Bank/Goodys Bankruptcy Dept. P.O. Box 182125 Columbus, OH 43218-2125 Defense Finance & Accounting Service Retired and Annuitant Pay PO Box 7131 - Annuitant Pay London, KY 40742-7131 Sheet no1 of _10_ sheets attached to Schedule of Purchase of Merchandise - Purchase of Merchandise - Purchase of Merchandise - 2011- Survivor Benefit Plan overpayment - 3011- Survivor Benefit Plan overpayment - 406.17	Aliania, GA 30339-5994								483.53
Comenity Bank/Goodys Bankruptcy Dept. P.O. Box 182125 Columbus, OH 43218-2125 Account No. 5538 Defense Finance & Accounting Service Retired and Annuitant Pay PO Box 7131 - Annuitant Pay London, KY 40742-7131 Sheet no. 1 of _10_ sheets attached to Schedule of Subtotal	Account No. xxxxxxxxxxxx6884								
Bankruptcy Dept. P.O. Box 182125 Columbus, OH 43218-2125 Account No. 5538 Defense Finance & Accounting Service Retired and Annuitant Pay PO Box 7131 - Annuitant Pay London, KY 40742-7131 Sheet no. 1 of 10 sheets attached to Schedule of Subtotal	Compaity Pank/Coadys			Purchase of Merchandise					
P.O. Box 182125 Columbus, OH 43218-2125 Account No. 5538 Defense Finance & Accounting Service Retired and Annuitant Pay PO Box 7131 - Annuitant Pay London, KY 40742-7131 Sheet no. 1_ of 10_ sheets attached to Schedule of Subtotal 1,142.70 2011- Survivor Benefit Plan overpayment 2,724.43			_						
Columbus, OH 43218-2125 Account No. 5538 Defense Finance & Accounting Service Retired and Annuitant Pay PO Box 7131 - Annuitant Pay London, KY 40742-7131 Sheet no1 of _10_ sheets attached to Schedule of 1,142.70 2011- Survivor Benefit Plan overpayment - Survivor Benefit Plan overpayment									
Account No. 5538 Defense Finance & Accounting Service Retired and Annuitant Pay PO Box 7131 - Annuitant Pay London, KY 40742-7131 Sheet no1 of _10_ sheets attached to Schedule of Subtotal									
Defense Finance & Accounting Service Retired and Annuitant Pay PO Box 7131 - Annuitant Pay London, KY 40742-7131 Sheet no1 of _10_ sheets attached to Schedule of									1,142.70
Defense Finance & Accounting Service Retired and Annuitant Pay PO Box 7131 - Annuitant Pay London, KY 40742-7131 Sheet no1 of _10_ sheets attached to Schedule of Subtotal	Account No. 5538								
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PO Box 7131 - Annuitant Pay London, KY 40742-7131 2,724.43 Sheet no1 of _10_ sheets attached to Schedule of Subtotal 6.496.17									
London, KY 40742-7131 2,724.43 Sheet no1 of _10_ sheets attached to Schedule of Subtotal									
Sheet no. 1 of 10 sheets attached to Schedule of Subtotal									
1 6 / 106 1 /	25.145.1, 1.1. 157.157								2,724.43
Creditors Holding Unsecured Nonpriority Claims (Total of this page)	Sheet no1 of _10_ sheets attached to Schedule of				St	ıbt	ota	l	6 406 17
	Creditors Holding Unsecured Nonpriority Claims			(Tota	l of th	is p	oag	e)	0,490.17

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In re	Robin S. Adkins	Case No
-		Debtor

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu H W J C	sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAI IS SUBJECT TO SETOFF, SO STATE.	М		DZLLQDLD4	ロヨーのロコロロ	AMOUNT OF CLAIM
Account No. xxxxxxxx-xxx-4514	Γ		Medical Services		Т	DATED		
Emergency Coverage Corp. 3429 Regal Dr. Alcoa, TN 37701-3265		-		-		D		1,126.00
Account No. xxxxx5353	T		2012			П		
Figi's 3200 S. Central Ave. Marshfield, WI 54404		-	Purchase of Merchandise					129.00
Account No. xxxx7076	十					Н	Н	
Professional Recovery Consultants, Inc. 2700 Meridian Pkwy, Ste 200 Durham, NC 27713-2204			Additional Notice: Figi's					Notice Only
Account No. xxxxxxxxxxxx1450 Fingerhut Credit Account Svcs PO Box 1250 Saint Cloud, MN 56395-1250		-	2010 Purchase of Merchandise					000.22
	╀	1				Ш		808.33
Account No. Fenton & McGarvey 2401 Stanley Gault Pkwy Louisville, KY 40223	_		Additional Notice: Fingerhut Credit Account Svcs					Notice Only
Sheet no. 2 of 10 sheets attached to Schedule of						otal		2,063.33
Creditors Holding Unsecured Nonpriority Claims			(Tot	al of th	1S 1	oag	e) '	(

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In re	Robin S. Adkins	Case No.	
-		Debtor	

					_			
CREDITOR'S NAME,	Ç	Ηυ	sband, Wife, Joint, or Community		C	Ñ	P	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	ODEBTOR	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAI IS SUBJECT TO SETOFF, SO STATE.		CONTLNGENT	NL - QU - DATE	I S P U T E D	
Account No.					Т	T		
General Sessions Court, Campbell County Bobby W. Vann, Clerk P.O. Box 26 Case No. 2014-CV-277 Jacksboro, TN 37757			Additional Notice: Fingerhut Credit Account Svcs			D		Notice Only
Account No. 8559493236								
Midland Credit Management, Inc. 8875 Aero Dr., Ste 200 San Diego, CA 92123			Additional Notice: Fingerhut Credit Account Svcs					Notice Only
Account No. xxx2609		T	prior to 5/14				T	
Grand Strand Medical Center 809 82nd Pkwy Myrtle Beach, SC 29572		-	Medical Services					58.00
Account No. xxx2609		┢				\vdash	\vdash	
Capio Partners PO Box 3498 Sherman, TX 75091			Additional Notice: Grand Strand Medical Center					Notice Only
Account No. xxx6806		T	8/13		Г	Γ	T	
Michael W. Hill MD PC PO Box 53165 Knoxville, TN 37950		-	Medical Services					35.62
Sheet no. <u>3</u> of <u>10</u> sheets attached to Schedule of		—	L	9	L IIbi	tota	1	
Creditors Holding Unsecured Nonpriority Claims			То	al of th				93.62

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In re	Robin S. Adkins	Case No.	
-		Debtor	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Hu H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT			D I S P U T E D	AMOUNT OF CLAIM
Account No. xxx2746 Financial Accounts Services Team, Inc. PO Box 11567 8300 Kingston Pike Knoxville, TN 37939-1566			Additional Notice: Michael W. Hill MD PC		D A T E D			Notice Only
Account No. x4414; xxxxxxxxxxXM361 Horry County Fire Rescue 2560 N. Main St., Ste 1 Conway, SC 29526		-	7/13 Medical Services					31.75
Account No. xxxxxxxx4694 Knoxville HMA Physician Mgmt LLC PO Box 23740 Knoxville, TN 37933		-	8/13 Medical Services					49.83
Account No. xxxxxxxxxxxx4901 Knoxville Neurology Clinic 2200 Sutherland Ave. Knoxville, TN 37919	-	-	7/12 or earlier Medical Services					74.00
Account No. xxxxxxxxxxxx4901 Accounts Research, Inc. 201 Center Park Dr., Ste 1070 Knoxville, TN 37922			Additional Notice: Knoxville Neurology Clinic					Notice Only
Sheet no. <u>4</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub			,	155.58

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In re	Robin S. Adkins	Case No
-		Debtor

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AT I	CONFINGENT	UNLLQULDA	AMOUNT OF CLAIM
Account No. xxxxxxxxxxx0069 LaFollette Medical Center 923 E. Central Ave. La Follette, TN 37766		-	10/09 or earlier Medical Services		T	-DATED	2,036.00
Account No. 1206C0930000069 North American Credit Service, Inc. 2810 Walker Rd., Ste 100 Chattanooga, TN 37421			Additional Notice: LaFollette Medical Center				Notice Only
Account No. xxxxxxxxxxx0037 LaFollette Medical Center 923 E. Central Ave. La Follette, TN 37766	-	-	10/08 or earlier Medical Services				247.00
Account No. xxxxxxxxxxxx0037 North American Credit Service, Inc. 2810 Walker Rd., Ste 100 Chattanooga, TN 37421	-		Additional Notice: LaFollette Medical Center				Notice Only
Account No. xxxxxxxxxx0040 LaFollette Medical Center 923 E. Central Ave. La Follette, TN 37766		-	12/08 or earlier Medical Services				182.00
Sheet no. <u>5</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			, (Tot	Si al of th		tota pag	2,465.00

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In re	Robin S. Adkins	Case No
-		Debtor

С	Hu	sband, Wife, Joint, or Community	С	Ιυ	ΤD	
ODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	O N T I N	N L I Q U I	I S P U T E	AMOUNT OF CLAIM
			Т	E		
		Additional Notice: LaFollette Medical Center				Notice Only
		1/10 or earlier Medical Services				
	-					
						78.00
		Additional Notice: LaFollette Medical Center				Notice Only
		2/10 or earlier	+			
	-	Medical Services				CF 00
\vdash			+	+	-	65.00
		Additional Notice: LaFollette Medical Center				Notice Only
•		(Total o				143.00
	E B T O	ODEBTO	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Additional Notice: LaFollette Medical Center Additional Notice: LaFollette Medical Center 2/10 or earlier Medical Services - Additional Notice: LaFollette Medical Center Additional Notice: LaFollette Medical Center	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Additional Notice: LaFollette Medical Center Additional Notice: LaFollette Medical Center	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Additional Notice: LaFollette Medical Center Subtots:	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Additional Notice: LaFollette Medical Center Additional Notice: Additional Notice: Additional Notice: Additional Notice: Additional Notice:

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B6F (Official Form 6F) (12/07) - Cont.

In re	Robin S. Adkins	Case No.	
-		Debtor	

CREDITOR'S NAME,	CO	Hu	sband, Wife, Joint, or Community	-	C U	1 [D I	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		,	Q U E	P U T	AMOUNT OF CLAIM
Account No. xxxxxxxxxxx0051		Г	4/11 or earlier	╗	· T	:		
LaFollette Medical Center 923 E. Central Ave. La Follette, TN 37766		-	Medical Services		D	+		62.00
Account No. xxxxxxxxxxx0051	┞	\vdash		+	+	+	\dashv	0=100
North American Credit Service, Inc. 2810 Walker Rd., Ste 100 Chattanooga, TN 37421			Additional Notice: LaFollette Medical Center					Notice Only
Account No. xxxxxxxxxxx0174			4/11 or earlier	\top	T	T	T	
LaFollette Medical Center 923 E. Central Ave. La Follette, TN 37766		-	Medical Services					54.00
Account No. xxxxxxxxxxx0174		+		+	+	+	+	
North American Credit Service, Inc. 2810 Walker Rd., Ste 100 Chattanooga, TN 37421	•		Additional Notice: LaFollette Medical Center					Notice Only
Account No. xxxxxx5047		T	10/09 or earlier	十	\dagger	T	7	
Mercy Cardiology c/o Revenue Recovery Corp. PO Box 50250 Knoxville, TN 37950		-	Medical Services					96.00
Sheet no7 _ of _10 _ sheets attached to Schedule of	-			Su	btot	al	7	242.00
Creditors Holding Unsecured Nonpriority Claims			(Total o	f this	s pa	ge`		212.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Robin S. Adkins	Case No.
_		Debtor

	С	Hu	sband, Wife, Joint, or Community	С	Ιυ	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	ODEBTOR	H W H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGEN	N L I QU	I S P U T E D	AMOUNT OF CLAIM
Account No. xxx xxx xxx 2290			2013	٦т	T E D		
Montgomery Ward 3650 Milwaukee St. Madison, WI 53714		-	Purchase of Merchandise				273.01
Account No. xxxxxx1130	╁		11/05	+	+	+	
Ocwen Loan Servicing, LLC 1661 Worthington Rd, Ste 100 West Palm Beach, FL 33409		-	Foreclosure Deficiency				
							Unknown
Account No. MWZM No. 14-000569-670 Mackie Wolf Zientz & Mann, PC Premier Bldg, Ste 404 5217 Maryland Way Brentwood, TN 37027			Additional Notice: Ocwen Loan Servicing, LLC				Notice Only
Account No. xxxxxxxx-xxx9401	t		7/12, refinanced 1/13	+		t	
OneMain Financial Bankruptcy Dept Personal PO Box 6042 Sioux Falls, SD 57117-6042		-	Loan				11,910.00
Account No. xx9882	\dagger		8/13	+	\dagger	T	
OrthoTennessee PO box 23039 Knoxville, TN 37933		-	Medical Services				25.25
Sheet no. 8 of 10 sheets attached to Schedule of			<u> </u>	Sub	tota	1 al	
Creditors Holding Unsecured Nonpriority Claims			(Total of				12,208.26

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In re	Robin S. Adkins	Case No.	
-		Debtor	

	С	ш	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	ODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTLXGEN	N L I Q I	lı.	AMOUNT OF CLAIM
Account No. xx3763			10/09 or earlier	Т	T E		
Solstas Lab Partners (Spectrum Labs) PO Box 35907 Greensboro, NC 27425-5907		-	Medical Services		D		22.00
Account No. xx3763	-	-		+	H		
Stern & Associates, P.A. 415 N. Edgeworth St., Ste 210 Greensboro, NC 27401			Additional Notice: Solstas Lab Partners (Spectrum Labs)				Notice Only
Account No. xxxx-xxxx-5214			2012				
Synchrony Bank/Walmart Attn: Bankruptcy Dept. PO Box 965060 Orlando, FL 32896-5060		-	Purchase of Merchandise				1,937.52
Account No. xxxxx6-960			2013				
TD Bank USA, N.A. c/o Target Card Services PO Box 9500 Minneapolis, MN 55440		-	Purchase of Merchandise				457.42
Account No. xxx7576	\vdash		4/10 or earlier				
Tennessee Eye Care 1798 Roane State Hwy Harriman, TN 37748		-	Medical Services				336.00
Sheet no. 9 of 10 sheets attached to Schedule of				Sub	tota	<u>1</u> ւ1	
Creditors Holding Unsecured Nonpriority Claims			(Total of				2,752.94

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B6F (Official Form 6F) (12/07) - Cont.

In re	Robin S. Adkins	Case No.	_
-		Debtor	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	C	U	P	7	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONFINGEN	UNLLQULDA	SPUTED	S	AMOUNT OF CLAIM
Account No. xxx7576				Т	A T E D			
Optima Recovery Services P.O. Box 52968 6215 Kingston Pk., Ste A Knoxville, TN 37950-2968			Additional Notice: Tennessee Eye Care					Notice Only
Account No. xxxxO000		T	10/13			T	7	
Tri-State Sports Med & Rehab PO Box 1310 Powell, TN 37849		-	Medical Services					
								342.85
Account No. xxx3788 University Surgeons Assoc., PC 1930 Alcoa Hwy, Ste 240 Knoxville, TN 37920		-	1/10 or earlier Medical Services					
								115.00
Account No. xxx3788								
Optima Recovery Services P.O. Box 52968 6215 Kingston Pk., Ste A Knoxville, TN 37950-2968			Additional Notice: University Surgeons Assoc., PC					Notice Only
Account No.		T				t	7	
Sheet no10_ of _10_ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub)	457.85
			(Report on Summary of S		Γota			30,865.16

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B6G (Official Form 6G) (12/07)

In re	Robin S. Adkins	Case No.
_		
		Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.

AT&T Mobility P.O. Box 6416 Carol Stream, IL 60197-6416 cell phone contract ending in 2016

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B6H (Official Form 6H) (12/07)

In re	Robin S. Adkins	Case No.	
_		;	
		Debtor	

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

 NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
 Richard Halcomb 2216 Pine Mountain Rd. Jellico, TN 37762	LaFollette Auto Sales 619 W. Beech St. La Follette. TN 37766

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Fill	in this information to identify your c	ase:		
Del	otor 1 Robin S. Ad	kins		
	otor 2 ouse, if filing)			
Uni	ted States Bankruptcy Court for the	EASTERN DISTRICT	OF TENNESSEE	
	se number nown)			Check if this is: ☐ An amended filing ☐ A supplement showing post-petition chapter 13 income as of the following date:
0	fficial Form B 6I			MM / DD/ YYYY
S	chedule I: Your Inc	ome		12/13
Pa r 1.	Describe Employment Fill in your employment	-	Debtor 1	Debtor 2 or non-filing spouse
	information.		_	Debtor 2 or non-filing spouse ☐ Employed
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed□ Not employed	■ Not employed
	employers.	Occupation	Teaching Assistant	Unemployed
	Include part-time, seasonal, or self-employed work.	Employer's name	Campbell County Board of Education	
	Occupation may include student or homemaker, if it applies.	Employer's address	522 Main St. Jacksboro, TN 37757	
		How long employed the	nere? 14 years	
Par	Give Details About Mor	nthly Income		
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to report for any	line, write \$0 in the space. Include your non-filing

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 950.00 0.00 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 950.00 0.00

Official Form B 6I Schedule I: Your Income page 1

Deb	tor 1	Robin S. Adkins		Case r	number (if know	n) _			
				For	Debtor 1		For Deb		
	Cop	y line 4 here	4.	\$	950.0	0	\$	ng spouse 0.00	-
5.	l iet	all payroll deductions:							_
J.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	91.0	^	\$	0.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$	28.9		\$	0.00	_
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.0	_	\$	0.00	_
	5d.	Required repayments of retirement fund loans	5d.	\$	0.0	_	\$	0.00	_
	5e.	Insurance	5e.	\$	0.0		\$	0.00	_
	5f.	Domestic support obligations	5f.	\$	0.0	0	\$	0.00	_
	5g.	Union dues	5g.	\$	0.0	0	\$	0.00	_
	5h.	Other deductions. Specify: USAble term life & accident insurance	5h.+	\$	34.3	<u>5</u> +	- \$	0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	154.3	3	\$	0.00	=
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	795.6	7	\$	0.00	=
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0-	Φ.		_	Φ.		
	O.L.	monthly net income.	8a.	\$	0.0		\$	0.00	_
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	8b.	\$	0.0	U	\$	0.00	=
	00.	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.0	0	\$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.0	_	\$	0.00	_
	8e.	Social Security	8e.	\$	0.0	_	\$	0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: DFAS annuity from deceased husband (net) VA benefits	8f.	\$	790.0 1,254.1		\$ \$	0.00 0.00	-
	8g.	Pension or retirement income	8g.	\$	0.0	_	\$	0.00	_
	8h.	Other monthly income. Specify:	8h.+	\$	0.0	0 +	- \$	0.00	- -
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,044.1	9	\$	0.0	0
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	0. \$	2	2,839.86 +	\$	0.0	00 = \$	2,839.86
11.	Inclionation of the other of th	te all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depen	,	,		ed in <i>Sche</i>	edule J. 1+\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The result in the Summary of Schedules and Statistical Summary of Certainies					. if it	12. \$	2,839.86
13.	Do :	you expect an increase or decrease within the year after you file this form? No.	•					Combin month!	ned ly income
	_	Yes. Explain: Debtor works for the school system and does not	not i	naid 4	during the	SIID	nmer - pr	av is aver	ned
		accordingly. Debtor's husband is looking for employment.	. Ger	paiu (daring the	ouil	miei - þa	ay is avelo	ayeu

Filli	in this informa	ation to identify yo	our case:						
Debt	tor 1	Robin S. Adl	kine			Ch	eck if this is:		
Dobi	101 1	KODIII S. AUI	NIII S				An amended filing		
Debt	tor 2				_		A supplement sho	wing post-petition chapte	r
(Spo	ouse, if filing)				_		13 expenses as of	the following date:	
Unite	ed States Bankr	ruptcy Court for the:	EASTE	RN DISTRICT OF TENNE	SSEE		MM / DD / YYYY		
Case	e number						A separate filing for	or Debtor 2 because Debt	tor
(If kr	nown)						2 maintains a sepa		
Of	fficial Fo	rm B 6J							
			_ Evnor					404	
		J: Your			CII: ((b b	-41		12/	13
info	rmation. If m		eded, atta	. If two married people and the control of the cont					
Part		ribe Your House	hold						
1.	Is this a joir								
	■ No. Go to	o line 2. es Debtor 2 live i	in a separ	ate household?					
	□ м	lo							
	□ Y	es. Debtor 2 mus	st file a sep	parate Schedule J.					
2.	Do you have	e dependents?	■ No						
	Do not list D and Debtor 2		☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?	
	Do not state	the						□ No	
	dependents'	names.						☐ Yes	
								□ No	
								☐ Yes	
								□ No	
								☐ Yes ☐ No	
								□ No □ Yes	
3.	Do vour ext	oenses include	_	No				□ res	
٠.	expenses o	f people other t	han $_{\square}$	No Yes					
	yourself and	d your depende	nts?	res					
Part	t 2: Estim	ate Your Ongoi	na Monthi	v Expenses					
Esti exp	imate your ex	cpenses as of yo	our bankrı	uptcy filing date unless y y is filed. If this is a supp					
• •		o poid for!!	non os-k	government aggistance !	f vou know				
the	value of sucl	h assistance an		government assistance i cluded it on <i>Schedule I:</i>			Your exp	ansas	
(OII	icial Form 6I	.)					Tour exp		
4.		or home owners		ses for your residence. I or lot.	nclude first mortgag	e 4.	\$	475.00	
	If not include	ded in line 4:							
	4a. Real e	estate taxes				4a.	\$	0.00	
		rty, homeowner's	s, or renter	's insurance		4b.		0.00	
		•		upkeep expenses		4c.		0.00	
		owner's associat				4d.	\$	0.00	
5.	Additional r	mortgage payme	ents for yo	our residence, such as ho	me equity loans	5.	\$	0.00	

ebtor 1 Robi	n S. Adkins	Case number (if know	/n)
Utilities:			
	icity, heat, natural gas	6a. \$	305.00
	r, sewer, garbage collection	6b. \$	0.00
6c. Telep	hone, cell phone, Internet, satellite, and cable services	6c. \$	0.00
6d. Other	. Specify: Bundled services	6d. \$	140.00
Cell	phone(s)		120.00
Food and h	ousekeeping supplies	7. \$	500.00
Childcare a	nd children's education costs	8. \$	0.00
Clothing, la	undry, and dry cleaning	9. \$	0.00
. Personal ca	are products and services	10. \$	70.00
. Medical and	d dental expenses	11. \$	300.00
	tion. Include gas, maintenance, bus or train fare.	40. 0	275.00
	de car payments.	12. \$	275.00
	ent, clubs, recreation, newspapers, magazines, and book		0.00
	contributions and religious donations	14. \$	20.00
. Insurance.	do inquirongo doductod from vous pou as included in lines. A an	20	
15a. Life in	de insurance deducted from your pay or included in lines 4 or	20. 15a. \$	33.00
15b. Healtl		15b. \$	0.00
	le insurance	15c. \$	210.00
	insurance. Specify: AD&D/Cancer policy	15d. \$	65.00
	not include taxes deducted from your pay or included in lines 4		03.00
Specify:	iot include taxes deducted from your pay or included in lines -	16. \$	0.00
	or lease payments:		0.00
	ayments for Vehicle 1	17a. \$	0.00
17b. Car p	ayments for Vehicle 2	17b. \$	0.00
	. Specify: Lindsay's Furniture & Appliances	17c. \$	183.00
	Specify: Husband's bank loan, credit card paymer		375.00
	ents of alimony, maintenance, and support that you did no	ot report as	
	om your pay on line 5, Schedule I, Your Income (Official I		476.00
	nents you make to support others who do not live with yo		0.00
Specify:		19.	
	property expenses not included in lines 4 or 5 of this form		
-	ages on other property	20a. \$	0.00
20b. Real		20b. \$	0.00
	erty, homeowner's, or renter's insurance	20c. \$	0.00
	enance, repair, and upkeep expenses	20d. \$	0.00
	eowner's association or condominium dues	20e. \$	0.00
Other: Spec	cify: Cigarettes	21. +\$	400.00
. Your month	nly expenses. Add lines 4 through 21.	22. \$	3,947.00
The result is	your monthly expenses.		·
. Calculate y	our monthly net income.		
23a. Copy	line 12 (your combined monthly income) from Schedule I.	23a. \$	2,839.86
23b. Copy	your monthly expenses from line 22 above.	23b\$	3,947.00
	act your monthly expenses from your monthly income.	222 €	-1,107.14
The re	esult is your monthly net income.	23c. \$	-1,107.14
For example,	ect an increase or decrease in your expenses within the you expect to finish paying for your car loan within the year or do you to the terms of your mortgage?		crease or decrease because of a
☐ Yes.			
Explain:			

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B6 Declaration (Official Form 6 - Declaration). (12/07)

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United States Bankruptcy Court Eastern District of Tennessee

In re	Robin S. Adkins		Case No.				
		Debtor(s)	Chapter	7			
	DECLARATION C	DECLARATION CONCERNING DEBTOR'S SCHED					
	DECLARATION UNDER 1	PENALTY OF PERJURY BY I	NDIVIDUAL DEI	RTOR			
	DECEMBER 1	ENERT OF TEMORY BY	in (DI) ID CI IE DEI	31010			

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____30__ sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date	July 8, 2015	Signature	/s/ Robin S. Adkins
	_		Robin S. Adkins
			Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court Eastern District of Tennessee

In re	Robin S. Adkins	Case No.		
		Debtor(s)	Chapter	7

VERIFICATION OF CREDITOR MATRIX

The above Debtor(s) hereby verifies under the penalty of perjury under the laws of the United States of America that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: July 8, 2015

/s/ Robin S. Adkins

Robin S. Adkins

Signature of Debtor

/s/ Ann Mostoller
/s/ Hannah Tippett

Signature of Attorney
Ann Mostoller / Hannah Tippett 001146 / 028287

Ann Mostoller / Hannah Tippett 001146 / 028287 Mostoller, Stulberg, Whitfield & Allen 136 S. Illinois Ave., Suite 104 Oak Ridge, TN 37830 865-482-4466 Fax: 865-481-0940 Abercrombie Radiology Weisgarber Medical Center 1112 E. Weisgarber Rd., Ste 201 Knoxville, TN 37909

Accounts Research, Inc. 201 Center Park Dr., Ste 1070 Knoxville, TN 37922

AT&T Mobility P.O. Box 6416 Carol Stream, IL 60197-6416

Capio Partners PO Box 3498 Sherman, TX 75091

Capital One PO Box 30285 Salt Lake City, UT 84130-0285

Cedar Hill National Bank PO Box 34216 Charlotte, NC 28234

Comcast Cable Communication, Inc. Credit & Collections Dept. 600 Galleria Pkwy SE Atlanta, GA 30339-5994

Comenity Bank/Goodys Bankruptcy Dept. P.O. Box 182125 Columbus, OH 43218-2125

Defense Finance & Accounting Service Retired and Annuitant Pay PO Box 7131 - Annuitant Pay London, KY 40742-7131

Emergency Coverage Corp. 3429 Regal Dr. Alcoa, TN 37701-3265

Fenton & McGarvey 2401 Stanley Gault Pkwy Louisville, KY 40223

Figi's 3200 S. Central Ave. Marshfield, WI 54404

Financial Accounts Services Team, Inc. PO Box 11567 8300 Kingston Pike Knoxville, TN 37939-1566

Fingerhut Credit Account Svcs PO Box 1250 Saint Cloud, MN 56395-1250

General Sessions Court, Campbell County Bobby W. Vann, Clerk P.O. Box 26 Case No. 2014-CV-277 Jacksboro, TN 37757

Grand Strand Medical Center 809 82nd Pkwy Myrtle Beach, SC 29572

Richard Halcomb 2216 Pine Mountain Rd. Jellico, TN 37762

Michael W. Hill MD PC PO Box 53165 Knoxville, TN 37950

Horry County Fire Rescue 2560 N. Main St., Ste 1 Conway, SC 29526

Knoxville HMA Physician Mgmt LLC PO Box 23740 Knoxville, TN 37933

Knoxville Neurology Clinic 2200 Sutherland Ave. Knoxville, TN 37919

LaFollette Auto Sales 619 W. Beech St. La Follette, TN 37766

LaFollette Medical Center 923 E. Central Ave. La Follette, TN 37766

Lindsay's Furniture & Appliances 111 E. Central Ave.
La Follette, TN 37766

Mackie Wolf Zientz & Mann, PC Premier Bldg, Ste 404 5217 Maryland Way Brentwood, TN 37027 Mercy Cardiology c/o Revenue Recovery Corp. PO Box 50250 Knoxville, TN 37950

Midland Credit Management, Inc. 8875 Aero Dr., Ste 200 San Diego, CA 92123

Montgomery Ward 3650 Milwaukee St. Madison, WI 53714

North American Credit Service, Inc. 2810 Walker Rd., Ste 100 Chattanooga, TN 37421

Ocwen Loan Servicing, LLC 1661 Worthington Rd, Ste 100 West Palm Beach, FL 33409

OneMain Financial Bankruptcy Dept. - Personal PO Box 6042 Sioux Falls, SD 57117-6042

Optima Recovery Services P.O. Box 52968 6215 Kingston Pk., Ste A Knoxville, TN 37950-2968

OrthoTennessee PO box 23039 Knoxville, TN 37933

Professional Recovery Consultants, Inc. 2700 Meridian Pkwy, Ste 200 Durham, NC 27713-2204

Solstas Lab Partners (Spectrum Labs) PO Box 35907 Greensboro, NC 27425-5907

Stern & Associates, P.A. 415 N. Edgeworth St., Ste 210 Greensboro, NC 27401

Synchrony Bank/Walmart Attn: Bankruptcy Dept. PO Box 965060 Orlando, FL 32896-5060 TD Bank USA, N.A. c/o Target Card Services PO Box 9500 Minneapolis, MN 55440

Tennessee Eye Care 1798 Roane State Hwy Harriman, TN 37748

Tri-State Sports Med & Rehab PO Box 1310 Powell, TN 37849

University Surgeons Assoc., PC 1930 Alcoa Hwy, Ste 240 Knoxville, TN 37920

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF TENNESSEE

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a joint case (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

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a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.